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Situation-Specific Theories: Philosophical Roots, Properties, and Approach

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Back to Top

Abstract

It is imperative to further develop theoretical bases in nursing, which incorporate diversities and complexities in nursing phenomena, and which consider sociopolitical, cultural, and historic contexts of nursing encounters. Situation-specific theories are proposed in this work as a future direction of such theoretical bases in nursing. Philosophical roots and properties of situation-specific theories are discussed, and an integrative approach to developing this type of theories is suggested. Situation-specific theories could be based on the assumptions of post-empiricism, critical social theory and feminism, and or hermeneutics. Six properties of situation-specific theories are presented: (1) low level of abstraction, (2) reflection of specific nursing phenomena, (3) context, (4) connection to research and/or practice, (5) incorporation of diversities, and (6) limits in generalization. The proposed integrative approach to developing situation-specific theories includes (1) a nursing perspective, (2) a linkage among theory, research, and practice, and (3) a conceptual scheme based on internal and external dialogues.

THEORIES HAVE been defined in different ways, and different levels of theories have been proposed in nursing. 1,2 Generally, theory means an organized, coherent, and systematic articulation of a set of statements related to significant questions in a discipline that are communicated in a meaningful whole to describe or explain a phenomena or a set of phenomenon. 1,3 Theories have been categorized into several types in terms of their level of abstraction, goal orientation, scope of explanation, and their components. 1 When theories are described in terms of their level of abstraction, they are usually categorized into grand theories and middle-range theories. Grand theories are defined as systematic constructions of the nature of nursing, the mission of nursing, and the goals of nursing care, whereas middle-range theories are defined as theories that have more limited scope and less abstraction, address specific phenomena or concepts, and reflect practice. 1

The definitions and the levels of theories reflect different stages in the development of the discipline and the various stages in its theoretical sophistication. Early in the history of the development of the discipline, grand theories were articulated to answer questions about the nature, mission, and goals of nursing. Peplau, Henderson, Hall, Johnson, Abdella, King, Wiedenbach, and Rogers proposed coherent and well-articulated vision of the nature, goals, and boundaries of nursing care. 1 These visions have been instrumental in creating theoretical debates and in helping to develop the theoretical foundations of nursing knowledge. These theories focused the discussions among nurse scholars on defining and developing central concepts in nursing, on connecting theory to practice, on developing theory-based research, and on the dialectical relationship between theory, research, and practice. Progress in theoretical thinking was initiated by these theories.

From the end of 1960s, metatheorists such as Ellis, 4 Walker, 5 Jacox, 6 Fawcett, 51 Duffey and Muhlenkamp, 7 Hardy, 8 and Chinn 9 addressed metatheoretical concerns that focused on types of theories and content of theories. The debates were more on the form rather than the substance of nursing. Dialogues and discussions included what is meant by theory, what are the major components of theory, and ways to analyze and critique theories. 4-8 Then, from the middle of the 1980s, there was an increase in writing related to concept development, which is about more practice-oriented, integrative, and substance-related questions. 9-11 Furthermore, from the beginning of the 1990s, there was a considerable progress in theory development in nursing manifested by the development of numerous middle-range theories. 12-14 Middle-range theories have provided a conceptual focus and a mental image that reflect the discipline's domain, but they did not provide the much-needed guidelines that may connect theory to research and practice. 15 Theory, research, and practice continue to be somewhat disconnected.

There might be several reasons for the seeming disconnection among theory, research, and practice. One of the reasons could be the tension between theoretical vision and clinical wisdom. 16 Although proponents of theoretical vision emphasize the importance of theories as a framework for practice, proponents of clinical wisdom as the framework for practice argue that clinical work is based on the experiences of the clinicians and the wisdom they develop from their daily practice. 17,18 The clinical wisdom advocates remind us that the humanity of the nursing encounters cannot be well articulated theoretically. 19 However, there are arguments that nurses tend to focus on empirical phenomenon such as blood pressure, pulse, blood test results, and X-rays in their clinical settings, and they at times may not have the time to deal with contextual factors that may be influencing their clients' health. Even the nature of nursing phenomenon may be conceptualized differently by those who advocate for theoretical wisdom and by those who advocate for practical wisdom. 19,20 Furthermore, as Roy 21 asserted, the nature of knowledge for nursing practice can emerge from examining how the philosophical basis and the derived practice theories address such issues as the phenomena of the discipline, environment, teleology, and nursing theoretical frameworks.

Without ways by which the humanity in nursing encounters can be articulated and conveyed, the connection among theory, research, and practice may continue to be elusive. 1,16 Phenomena related to patient care are becoming more complex, and are complicated by multiple factors, including increased patient diversity. 22 Nurses are working more and more with culturally diverse groups, and an important goal for our discipline becomes to develop knowledge that reflects the nature and the consequences of diversities on responses to health and illness. 22,23 Nursing scholars 22,23 assert that theoretical development must take into consideration the diversity of nursing philosophies as well as the diverse populations served by nurses. However, traditional approaches to knowledge development that depend on the assumptions of homogeneity, normality, and statistical reliability rather than coherent reflections of diverse human experiences have limitations in generating competent models of care. 24 Without incorporating the diversities, complexities, and contextual complexities, theoretical foundations

of nursing discipline cannot achieve the connections for which its members have been striving. 22 How, then, can we connect theory, research, and practice while incorporating the diversity, complexity, and context? Perhaps the answer is not in grand theories, middle range theories, or concept development.

Grand theories and middle-range theories rarely incorporate the diversities in nursing phenomenon, and have limitations in describing, explaining, and providing understanding of the diversities in clients' experiences and responses to specific phenomenon. The theories also do not consider the diverse ways that nurses may interpret these phenomena. They also have limitations in guiding nursing care for the increasing diverse clients in health care systems. Middle-range theories also tend to assume a wide range of generalization and universalization; although far less so than grand theories. 12,24,25 However, this generalization may be incongruent with the nature of a human science.

Furthermore, grand theories and middle range theories rarely consider sociopolitical, cultural, and/or historic contexts inherent in each client-nurse encounter. 12,24,25 For example, Orem's self care theory, when to guide nursing practice with Korean patients, may not allow an understanding of this population's assumptions and cultural attitude toward the relinquishment of self care responsibilities to the extended family care. In their traditional culture, patients expect to and are entitled to be cared for by their caregivers, and they do not expect to be their own self-care agencies. 26,27 Consequently, although self care theory provides useful and productive guidelines for nursing practice in general, it does not provide adequate guidelines for phenomenon within diverse contexts and situations, and it limits the consideration of patients and their dynamic historic and sociocultural context. Therefore, the question is: Are other types of theories to develop that may overcome the limitations inherent in the nature of grand and middle-range theories?

Meleis and Meleis and Im 1,22,28 defined situation-specific theories as theories that focus on specific nursing phenomena that reflect clinical practice and that are limited to specific populations or to particular fields of practice. Situation-specific theories are put in social and historical context and they are not developed to transcend time, a socially constraining structure, or a politically limiting situation. 1,10,22,28 They are theories that are more clinically specific, that reflect a particular context, and that may include blueprints for action. 1,10,22,28 We propose that situation-specific theories could be the discipline of nursing. Situation-specific theories can incorporate diversities and complexities of nursing phenomena, and emphasize contextual factors surrounding nursing. Situation-specific theories may provide integrative frameworks and or guidelines for nursing practice and research. The purpose of this article is to argue that situation-specific theories are more congruent with the future goals of our discipline. It is also to clarify what philosophical base situation-specific theories have, what their properties are, and how to develop them.

Back to Top

PHILOSOPHICAL ROOTS OF SITUATION-SPECIFIC THEORIES

Philosophical bases of the substance and the syntax of nursing knowledge have been debated by many nursing scholars. 23,29-32 There are debates on the relationship among philosophies, theories, research, and practice. 32-34 The debates can be roughly categorized into three positions: 34 (1) the purist bona-fide position that philosophical view-points should guide and direct theory development, research strategy, and clinical practice; (2) the nonpurist position about philosophical, theoretical, and methodological pluralism; and (3) the radical separationist position, which argues that a discipline's theory and research are distinct entities and do not necessarily have to be congruent philosophically and methodologically. We assume the need for philosophical, theoretical, and methodological plurality, and we further assert that such pluralism is more congruent with the nature and goals of nursing and those of situation-specific theories. Three major philosophical roots that could drive the development of situation-specific theories might be (1) postempiricism, (2) critical social theory

and feminism, and (3) hermeneutics. Each of these could provide the assumptions and the framework for situation-specific theories.

Back to Top

Postempiricism

One of the philosophical roots compatible with situation specific theories is postempiricism. Until recently, empiricism has been equated with positivism, especially logical positivism and the Vienna Circle, 34 and the equation brought hot criticisms about empiricism. Consequently, nursing scholars tend to abandon the traditional realist approach to the care of patients, and nursing theory is currently beset by the problems of scientific and moral relativism and philosophical incoherence. 35 Contemporary empiricist views-so called postempiricism-are somewhat different from positivism, especially logical positivism. A contemporary empiricist view continues belief in observables and in careful scientific strategies that bear results that can be corroborated if not confirmed. 36 Yet, no common pattern is rigidly viewed as having relevance for every individual or situation, and no universal laws governing all of health are believed to exist by contemporary empiricists. Rather, the empiricists assume that reasonable predictions are possible and that these predictions can provide nurses with estimates of expected human responses under certain conditions of health and illness as well as how nursing care may serve to influence these responses in beneficial ways. Empiricists are concerned with complex phenomenon, some of which can be reduced and partitioned for study and some of which cannot. 34 Some of extant theory is used generally, but generative theory is not ruled out. The empiricists believe that the phenomena under study can be modeled or "objectified." 36 Furthermore, contemporary empiricism is regarded as having the capacity for explanation that is so necessary for clinical practice because it provides the linkage between the observables such as vital signs and laboratory findings and the unobservables, and between those normal and abnormal physiologic and psychological processes, which suggest causal factors and subsequent treatment. 34 Situation-specific theories can be developed using the assumptions and the methodology of contemporary empiricism because they aim at modeling the linkages between the observables and the unobservables, and between those normal and abnormal processes influencing human beings' responses toward health and illness, especially a particular group of people in a specific situation. Furthermore, the theories have a goal of predicting experiences and responses of a particular group of human beings under certain conditions of health and illness.

Back to Top

Critical social theory and feminism

Another main philosophical root could be critical social theory and feminism. Critical social theory and feminism provide the rationale for respecting diversities and sociopolitical and historical contexts of situation-specific theories. Feminist assumptions, goals, and values, as well as critical theories that emphasize the consideration of values imbedded in societies, challenge scientists and scholars in a number of fields who subscribed to traditional epistemology. 29,31,37 Feminists and critical theorists emphasize the subjective and social construction of reality; sociopolitical and economic influences on science; and the prevalence of racism, classism, and sexism in scientific and social activities in many fields, including nursing. 1,29,37

Critical theory holds that all research and theory are sociopolitical constructions, that human societies are inherently oppressive, and that all interpretations including mythical, religious, scientific, practical, and political interpretations are open to criticism. 37,38 Critical theorists believe that all theories reflect underlying ideologies, and critical theory provides a multidimensional lens for scholarship. However, the critical theory lacks modeling. 1,37 Critical theory disagrees with classical social and economic theories, which consequently limits its empirical application. Thus, it is difficult to say that situation-specific theory is based on critical theory, but it would be true that critical theory tremendously influences its philosophical roots because situation-

specific theories emphasize sociopolitical and historic contexts surrounding a phenomenon.

The use of liberal, cultural, and radical feminist thoughts in nursing theory and research is increasing. It is particularly meaningful for nursing as a predominantly female profession. 39,40 Indeed, feminist thought has had tremendous influence on theoretical debates in nursing discipline, and has provided an important perspective on nursing phenomenon. Despite diverse perspectives within feminism, all feminists share the view that it is important to center on problems that reflect the diversity of women's situations. 39-42 Feminism emphasizes the world of women in a male-dominated society, and shares with hermeneutics the belief in lived experience and history as the basis of knowing, generating, and using language for documentation and analyses. 34 In this regard, situation-specific theories are congruent with feminist thinking and assumptions.

Back to Top

Hermeneutics

A third philosophical root could be hermeneutics. Hermeneutics can influence the development of situation-specific theories through emphasizing historical consciousness and the value of humanistic and historical knowledge in understanding human existence. Hermeneutics appreciate the human state or essence as supreme; emphasize the interactive circle-"hermeneutic circle"-between patient and nurse or subject and scientist; share meanings and embedded meaning, and self reflection; and regard understanding as the basis of knowing. 34,43 However, because hermeneutic philosophers negate objectifying the human state or negate the modeling of the human state except the objective, validation hermeneutics it may be difficult to justify the development of a situation-specific theory with hermeneutics. Nursing theories increasingly address biology, behavior, and culture, and they depict associations among factors and suggest explanatory variables for human health and illness. Therefore, they require reduction, objectification, and specification of relationships between the variables. These goals may not be accommodated by a hermeneutic or phenomenologic perspective. 34,43

Back to Top

PROPERTIES OF SITUATION-SPECIFIC THEORIES


Table 1

Situation-specific theories may emerge from synthesizing and integrating research findings and clinical exemplars about a specific situation or population with the intent of developing a framework or blueprint to understand the particular situation of a group of clients. Even though researchers or authors may not have identified models and/or theories that they developed through research and/or practice as situation-specific theories, there are some examples of so-called situation-specific theories. When compared with grand theories and middle-range theories, situation-specific theories can be characterized by (1) a lower level of abstraction, (2) reflection of specific nursing phenomenon, (3) context, (4) readily accessible connection to nursing research and practice, (5) reflection of diversities in nursing phenomena, and (6) limitation of generalization. A comparison of the properties of grand theories, middle-range theories, and situation-specific theories is provided in Table 1. Some examples of each type of theories are also presented in Table 1.

Back to Top

Low level of abstraction

Changes in theory development from grand theories to middle-range theories may be considered significant milestones marking a considerable progress in nursing knowledge development. 1,12 Because nursing phenomena require a focus on specific phenomena that reflect and emerge from nursing practice and clinical process, there was an increasing need for a shift from grand theories to middle-

range theories. Therefore, although grand theories are highly abstract, middle-range theories are less abstract than grand theories. 45 Because of the level of abstraction, some of the middle-range theories were not labeled as theories. 1 Rather, they were considered in the process of becoming theories.

Compared with middle-range theories, situation-specific theories are much less abstract but far more abstract than individual nurses' frameworks or stories about practice that are designed to explain a specific situation. 1,22,28 Situation-specific theories are developed to answer a set of coherent questions about situations that are limited in scope and in focus. For example, a situation-specific theory has been developed from transition theory 46-which is a middle-range theory-to describe, explain, interpret, and understand menopausal transition of Korean immigrant women based on a cross-sectional study, researchers' practical wisdom, researchers' experiences with the population, and conceptualization. 47 Although transition theory explains human beings' experiences and responses during any type of transition, a situation-specific theory of menopausal transition of Korean immigrant women is limited to the specific nursing phenomenon of menopausal experience of the particular Korean immigrant population. Consequently, the concepts included in the theory are grounded in Korean culture and gendered menopausal experience of the low-income immigrant women.

Back to Top

Specificity of nursing phenomenon

Grand theories provide a systematic construct of the nature, mission, and goals of nursing, and middle-range theories provide a framework to describe, explain, interpret, and understand specific phenomena or concepts that reflect and emerge from nursing practice and focus on clinical practice. However, both of them do not prescribe for practice or provide specific practice guidelines. 1,10,15 Compared with grand theories and middle-range theories, situation-specific theories focus on phenomena more specific and relevant to clinical practice. They reflect a particular field of practice, they are confined to developing an understanding of specific populations, and they provide a framework or blueprints for action.

Braden's 48 self-help theory is an example of a theory with phenomenon specificity. It was developed from Seligman's learned helplessness theory, Balte's instrumental passivity theory, Resenbaum's learned resourcefulness theory, and Miller and Mangon's personal disposition theory of information seeking behavior. Braden 48 proposed to explain learned response to chronic illness experience of a specific population-patients with diagnoses of rheumatoid arthritis or arthritis-related conditions in a southwestern community. The model specifically reflects the experience of patients with diagnosis of rheumatoid arthritis or arthritis-related conditions, but may not reflect experiences of patients with other chronic conditions. As Braden 48 emphasized, the self-help model that she developed could add to a more complete understanding of how individuals learn to live with chronic illness. Furthermore, even though the results of the early-stage testing of the model preclude definitive guidelines for clinical application, the model provides some guidelines for clinical practice.

Back to Top

Context

One of the essential properties of situation-specific theories is their context. 1,22,28 As discussed above, situation-specific theories are put in social, cultural, and historic contexts. However, their scope and the questions driven by them are limited to the specific situations and/or the specific populations. 1 For example, Hall et al 49 developed a conceptualization to describe and explain the nature of women's responses in dealing with their multiple roles. Their focus was on how female clerical workers in the United States tend to integrate their multiple roles on a daily basis while dealing with a particular set of contingencies inherent in the economic constraints in their lives as well as cultural expectations of their communities. The conceptualization includes the different patterns and the

different processes in which women engaged to achieve this integration. The context of women's multiple roles and how the women in a specific situation integrated their roles in their daily lives were important to the conceptualization. The theoretical development does not transcend time, but is situated in socially, culturally, and politically constrained contexts. The conceptualization of role integration and health may be considered as a situation-specific theory providing an explanation of responses and driving questions specific to the certain low-income vulnerable population.

Back to Top

Connection to research and practice

Another characteristic of situation-specific theories is their identifiable connection to research and/or practice among the specific populations or the particular fields of practice. 1,22,28 Both middle-range theories and situation-specific theories provide a link between research, theory, and practice. Yet, the phenomena or concepts of situation-specific theories tend not to transcend and cross different nursing fields and not to reflect a variety of nursing care situations whereas those of middle-range theories tend to cross different nursing fields and reflect a wide variety of nursing care situations. 1 Furthermore, as discussed above, prescriptions for practice or specific practice guidelines, 15 whereas situation-specific theories can provide a blueprint or framework that is more readily operational and or has more accessible utility in clinical situations. 1,28

Situation-specific theories may emerge from synthesizing and integrating research findings and clinical exemplars. 22,47 Consequently, there is more connection of the theories to research project and/or to clinical practice situations. An example is the theory of menopausal transition of low-income Korean immigrant women. 47 Transition theory by Schumacher and Meleis 46 was the impetus for developing a research on the menopausal transition of low-income Korean immigrant women. The research findings then were used along with transition theory to develop a situation-specific theory. The original middle-range theory does not include the concepts of "number, seriousness, and priority of transitions." The research findings suggest the inclusion of these concepts in the theory. Korean immigrant women tended to neglect and ignore their menopausal transition because of other imminent transitions such as the immigration transition and other related transitions such as finding new careers and or jobs. Without recognizing and understanding the multiple transitional situations, their menopausal transition experience could not be fully uncovered and interpreted. This more specific theory may give more focused guidelines for clinical practice with this particular population of women. When a nurse meets a Korean immigrant woman in menopausal transition, she may assess her health care needs by recognizing other potential transitions in the woman's life.

Back to Top

Respecting diversities and limiting generalization

There is a phenomenal increase in diversities in every corner of the health care system, and multiculturalism that we have never experienced is about to dominate the world. 22,50 There is also increasing awareness of clinical issues created by diversity. Diversity is not only in culture, but also in gender, educational background, religion, sexual orientation, and political preference. 50 Grand theories usually tend not to reflect diversity as it affects meanings and interpretation of nursing phenomena. It is taken for granted to extract and universalize the essence of observations, data, or themes. 1 Therefore, universalized features of the nature, mission, and goals of nursing are assumed. Thus, diversities in the context, history, and meaning of nursing phenomenon can be hardly incorporated in theories.

With middle-range theories, the diversities in culture, gender, education background, religion, sexual orientation, and political preferences can be dealt with in the sense that they provide a framework for specific nursing phenomenon and reflect a wide range of nursing situations. 1,12,25 Yet, middle-range theories

are also based on the belief that theories are universal. In other words, middle-range theories can be used in a variety of nursing situations that can be grouped into a category of nursing phenomena such as self-care, uncertainty, unitary human development, expanding consciousness, human interaction, and human becoming. 1,12 Subsequently, the middle-range theory cannot be specific enough to guide nursing practice. In this type of theories, diversities within participants cannot be fully described, explained, interpreted, and understood.

Nurses try to avoid the trap of essentialism because essentialism promotes marginalization and justifies the ignorance of diversities by declaring "that's just the way it is." 41(p135) Relativism is now at the heart of our assumptions about cross-cultural care giving. 23,35 In other words, members of the nursing discipline-particularly those who are at the forefront of the development of nursing knowledge-tend to respect diversities and tend to hold more relativistic views on nursing phenomena. 22,23,35 Rather than promoting universalization and generalization, nurse scholars recently emphasize diversities and relativistic views of nursing phenomena. 22,23,35 Therefore, there is less support for universal theories, and more support for less universalistic theories. 35 Theories could be redefined to include elements that are unique for specific situations and/or specific populations. Situation-specific theories are proposed as the vehicle for developing generalizations that are limited in nature and that allow explication of diverse responses.

Back to Top

AN INTEGRATIVE APPROACH TO THE DEVELOPMENT OF SITUATION-SPECIFIC THEORIES

Situation-specific theories that we are proposing here are relatively new to our discipline, therefore, any discussion about their development is limited in scope. Similarly, analyses of strategies for their development are constrained by their paucity. Considering the philosophical bases and the properties that we present here, we propose an integrative approach to the development of situation-specific theories, which include the following components: (1) a nursing perspective, (2) the links among theory, research, and practice, and (3) a conceptual scheme based on internal and external dialogues.

Back to Top

Nursing perspective

Although the phenomenon itself reflects the nature of the discipline, the perspective used to understand the phenomenon may differ. A phenomenon seen from a nursing perspective is not seen in exactly the same way as that seen from a sociological perspective or bio-medical perspective. 1 Situation-specific theories that developed in nursing must reflect a nursing perspective encompassing a focus on health, caring, holism, subjectivity of clients, a dialogued approach, and lived experiences. For example, when we are developing a situation-specific theory about menopausal experience of a group of women, what we want to describe are the women's biopsychosociocultural responses toward menopause, not just their hormonal imbalance. What may give better directions for nursing care is not limited to hormone supplementary therapy, dilatation and curettage, or hysterectomy. A nursing perspective considers how to facilitate healthy menopausal transition for women through providing adequate and appropriate information on menopause, modulating environments, and supporting self-help groups. Therefore, developing situation-specific theory in nursing requires a starting point of awareness and utilization of a nursing perspective.

Back to Top

The links among theory, research, and practice

An integrative approach to developing theories is enriched by the incorporation of the experiences and reflexitivity of the theorists, clinicians, and researchers. It is also built on making the linkage among theory, research, and

practice more apparent. 1 The relationships between practice, research, and theory have been discussed and debated for a long time in nursing discipline. 1,18,22,32 Many supported the need for nursing theory reflecting nursing practice as well as ensuring that nursing practice is a source for theory development. 18,20 An integrative approach in developing situation-specific theory presumes the use of nursing practice exemplars and allows for the incorporation of nurses' clinical wisdom. Communication between theorists, clinicians, and researchers is a mandate for this approach, and clinical journals can be a good source of the theory development.

An integrative approach in theory development allows the use of research, in combination with clinical exemplars and experiences. Situation-specific theories as proposed do not reflect any biases to any particular methodologies in research. Until relatively recently, members of the nursing community have debated on most and least congruent methodologies for nursing research. 10 As Meleis 10 asserted, the debates without special attention to nursing's substance only detract from theoretical development in nursing. The proposed situation-specific theories emphasize the substance in nursing, that is the major phenomena and theoretical propositions considered central to nursing, and the methodology used to develop the theories can include diverse study designs from clinical trials to qualitative research designs. The methodology can be meta-analysis that quantifies the relationships among variables and concepts included in theories by integrating findings, and that provides explicit direction for research, practice, and theory development. Yet, the focus of the research should be given to cumulative research documentation, to emerging patterns of responses, and to recurrent themes, all of which would provide good sources for theory development. National and international multidisciplinary collaboration in research projects can also enrich research efforts in the development of situation-specific theories, and give more comprehensive perspectives on nursing phenomenon.

Back to Top

A conceptual scheme based on internal and external dialogues

Beginning hunches and conceptual schemes could also be incorporated in the development of situation-specific theories. Such hunches are valued and shared through discussions with others, which allow critical development of situation-specific theories. Dialogues should be one of the most important parts of this approach to developing situation-specific theories. The opportunities for internal dialogues through conceptual thinking, memo writing, and journal writing, and for external dialogues with colleagues, research team members, students, and research participants need to be provided in the process of the integrative theory development.

Back to Top

CONCLUSIONS AND IMPLICATIONS

To reflect the diversities and complexities of more contemporary societies and health care systems, nursing needs theoretical frameworks that value such diversities and attend to the complexities and human factors of nursing phenomena. 10,22 Also, sociopolitical, cultural, and historic contexts surrounding the diversities and complexities need to be incorporated into theoretical development in nursing discipline. 22,50 To develop the theoretical bases, the development of situation-specific theories-which give a description, explanation, and understanding of specific nursing phenomena limited to specific populations or to particular fields-was proposed in this work. Situation-specific theories may include the description and explanation of patterns of responses needed to reflect and guide nursing practice and research. Situation-specific theories are less abstract than middle-range theories and grand theories, but they can be easily connected to a research project or clinical practice. Furthermore, their assumptions and contents respect and incorporate diversity, complexity, and context.

An important question that we should answer through future development of

theories would be how to deal with the philosophical plurality for situation-specific theories and some of the contradictions inherent in the different sets of assumptions. What approaches should be used to deal with the contradictions? One may also raise the question of whether or not situation-specific theories should reflect one particular philosophical thought. We take nonpurist position here. We believe that situation-specific theories can be developed from many diverse perspectives. However, we also believe that further exploration of the properties of situation-specific theories is needed. We only identified six properties in this article: (1) low level of abstraction, (2) reflection of specific nursing phenomena, (3) context, (4) connection to research and/or practice, (5) incorporation of diversities, and (6) limits in generalization. We hope to challenge and stimulate our colleagues to identify others and reflect on what we propose. Through developing diverse situation-specific theories, other properties may emerge.

Although we proposed an integrative approach to the development of situation-specific theories in this article, we do not believe that limiting approaches to theory development is advisable at this juncture in developing nursing knowledge. We also believe that diverse methodological approaches to the development of situation-specific theories may be used with different diverse research projects, variety of practice situations, and/or conceptualizations. The discipline of nursing, and its growth and development could be enriched by diversity of strategies and methods in knowledge advancement.

Back to Top

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Key words: approach; future direction; philosophy; property; situation-specific theories; theory development

IMAGE GALLERY

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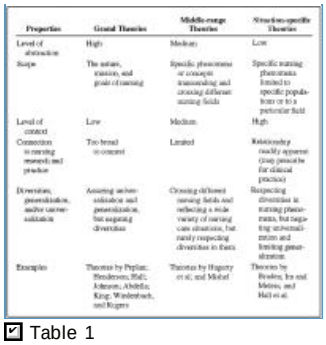

Properties	Grand Theories	Middle-range Theories	Situation-specific Theories
Level of abstraction	High	Medium	Low
Scope	The nature, mission, and goals of nursing	Specific phenomena or concepts transcending and crossing different nursing fields	Specific nursing phenomena limited to specific populations or to a particular field
Level of control	Low	Medium	High
Connection to nursing research and practice	Too broad to connect	Limited	Relationship readily apparent (may prescribe for clinical practice)
Diversities, generalizations, and/or universalization	Assuring universalization and generalization, but negating diversities	Crossing different nursing fields and reflecting a wide variety of nursing care situations, but rarely respecting diversities in them	Respecting diversities in nursing phenomena, but negating universalisms and limiting generalizations
Examples	Theories by Peplau; Henderson; Hall; Johnson; Abdella; King; Wiedenbach; and Rogers	Theories by Hagerty et al; and Mishel	Theories by Brodsky; Ito and Meleis; and Hall et al.

☑ Table 1

Back to Top

Previous Article | Table of Contents | Next Article